



# RADIOACTIVE MATERIALS LICENSE APPLICATION

For A Portable X-Ray Fluorescence Analyzer Of The Detection And Analysis Of Lead In Paint On Surfaces

The Commonwealth of Massachusetts  
Department Of Public Health  
Radiation Control Program  
Schrafft Center, Suite 1M2A  
529 Main St, Charlestown, MA 02129  
Tel: 617-242-3035 Fax: 617-242-3457

**INSTRUCTIONS:** Complete all items in this application for a new license or the renewal of an existing license. Use supplemental sheets where necessary. Item 8 must be completed on all applications. Prepare three copies of this application and of all attachments and supplements. Mail two copies to: *Radiation Control Program, Schrafft Center, Suite 1M2A, 529 Main Street, Charlestown, MA 02129* and retain the third copy. Upon approval of this application, the applicant will receive a Commonwealth of Massachusetts Radioactive Material License issued in accordance with the general requirements of the Code of Massachusetts Regulations chapter 105 section 120: To Control the Radiation Hazards of Radioactive Material and of Machines Which Emit Ionizing Radiation.

<b>1. THIS IS AN APPLICATION FOR:</b> <input type="checkbox"/> A. NEW LICENSE <input type="checkbox"/> B. AMENDMENT TO LICENSE NO.: _____ <input type="checkbox"/> C. RENEWAL OF LICENSE NO.: _____	<b>2. TOTAL NUMBER OF DEVICES TO BE LICENSED FOR STORAGE AS INDICATED IN ITEM 2B BELOW:</b>																		
<b>3A. NAME, TELEPHONE AND MAILING ADDRESS OF APPLICANT:</b> (Institution, Firm, Individual Owner, etc.)	<b>3B. ADDRESS(ES) WHERE DEVICE WILL BE STORED:</b>																		
<b>4A. NAME, TELEPHONE NUMBER, AND EMAIL ADDRESS OF RADIATION SAFETY OFFICER</b> (or sole user):	<b>4B. TRAINING OF RSO</b> (or sole user): [Name of trainer, date of certificate, other training and experience, etc.]																		
<b>5A. ADDITIONAL USER(S):</b>	<b>5B. TRAINING OF ADDITIONAL USERS:</b> [Name of trainer, date of certificate, other training and experience, etc.]																		
<b>6. DESCRIPTION OF PORTABLE X-RAY FLUORESCENCE DEVICES:</b> <i>(list additional devices on a separate sheet in the same format)</i>																			
<table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 25%;">Manufacturer</th><th style="width: 25%;">Model</th><th style="width: 15%;">Serial No.</th><th style="width: 15%;">Source Isotope</th><th style="width: 15%;">Activity (mCi)</th><th style="width: 10%;">Acquisition Date</th></tr></thead><tbody><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></tbody></table>		Manufacturer	Model	Serial No.	Source Isotope	Activity (mCi)	Acquisition Date												
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<b>7. PHYSICAL SECURITY:</b> On an attached sheet, please indicate how the licensed devices will be kept secure: (1) in the place of storage; (2) during transportation to and from sites; and (3) during use and sequestration at the site of use For residential storage describe special precautions.	<b>8. EMERGENCY PROCEDURES:</b>																		
<div style="text-align: center;"><b>ITEM 9 – CERTIFICATE</b> (This item must be completed)</div> <p>THE APPLICANT AND ANY OFFICIAL EXECUTING THIS CERTIFICATE ON BEHALF OF THE APPLICANT NAMED IN ITEM 1, CERTIFY THAT THIS APPLICATION IS PREPARED IN CONFORMITY WITH APPLICABLE STATE REGULATIONS AND THAT ALL INFORMATION CONTAINED HEREIN, INCLUDING ANY SUPPLEMENTS ATTACHED HERETO, IS TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF.</p> <table style="width: 100%;"><tr><td style="width: 50%; text-align: center; border-top: 1px solid black; border-bottom: 1px solid black;">PRINT NAME OF CERTIFYING INDIVIDUAL</td><td style="width: 50%; text-align: center; border-top: 1px solid black; border-bottom: 1px solid black;">SIGNATURE OF CERTIFYING INDIVIDUAL</td></tr><tr><td style="width: 50%; text-align: center; border-top: 1px solid black; border-bottom: 1px solid black;">TITLE OF CERTIFYING INDIVIDUAL</td><td style="width: 50%; text-align: center; border-top: 1px solid black; border-bottom: 1px solid black;">DATE</td></tr></table>		PRINT NAME OF CERTIFYING INDIVIDUAL	SIGNATURE OF CERTIFYING INDIVIDUAL	TITLE OF CERTIFYING INDIVIDUAL	DATE														
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